

SERVICE LIMIT GUIDE

SERVICE LIMITS

Service Limit is a tool that will allow a Provider Portal User the ability to search for various service limits for an individual recipient.

Available searches:

- Chiropractic
- Diabetes Education
- Dietician and Nutritionist
- Independent Mental Health Practitioners (IMHP)
- Incontinence Supply
- Urgent Care
- Vision

Specific limitation information can be found in the Provider manuals.

SERVICE LIMIT PERMISSIONS

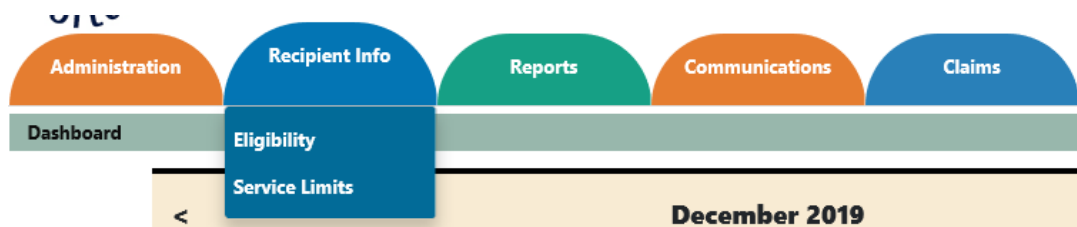
A Provider Administrator has the ability to add Service Limit to the appropriate Provider User staff. Please reference the [Medicaid Portal User Guide](#) for assistance in obtaining Service Limit Permissions.

Once permissions are updated the user will see the Recipient Info tab



SERVICE LIMIT SEARCH

Under the Recipient Info menu, hover over the Recipient Info tab with your mouse and select Service Limits



SERVICE LIMIT INQUIRY

You may search one recipient at a time for the service type selected.

Administration
Recipient Info
Reports
Communications
Claims

Service Limit Inquiry

This is not a guarantee of coverage or eligibility. Please reference the "Eligibility" tab for coverage details. Paid claims data is good as of 12/04/2019 and does not account for claims pending or denied.

"N/A" indicates there is no previous service history.

Recipient ID

Service Type
Select

Dates of Service In
Select

Service Type	Consideration	Limitation (per State Plan Year unless noted)
Chiropractic	Manual manipulations only	30 treatments
Diabetes Education	Self-management training and follow-up	10 hours initial education during 1st year of diagnosis 2 hours of follow-up education following years
Dietician and Nutritionist	Medical nutrition therapy	5 hours
Independent Mental Health Practitioners (IMHP)	Psychiatric therapeutic sessions	40 total hours
Incontinence Supply	Level of Care based service limit	Recipient level of care E or F = \$2,250.00 All other levels of care or no level of care = \$1,345.00
Urgent Care	Limit is dependent on recipient's PCP/HH enrollment	4 visits
Vision	Frame, Lens, or Contacts	1 set of glasses (frame, 2 lens) or contacts every 15 months

Search
Reset
Print

Inquiry Date	Recipient ID	First Name	Last Name	Service Type	Units Paid	Date

- Type in the Recipient ID
- Select Service Type
- Dates of Service In
 - If applicable select the date range you are searching

RESULTS

The results of your query will be displayed in the table. As noted in the inquiry the results displayed are good as of the last Medicaid Payroll date. The results do not include pended or denied claims.

***This is not a guarantee of coverage or eligibility. Providers are encouraged to use the "Eligibility" tab for eligibility and benefit status.**

If there are no results found Units Paid will display "0" and Date will display "N/A"

Units Paid	Date
0	N/A

CHIROPRACTIC

Service Limit Inquiry

This is not a guarantee of coverage or eligibility. Please reference the "Eligibility" tab for coverage details. Paid claims data is good as of 12/04/2019 and does not account for claims pending or denied.

"N/A" indicates there is no previous service history.

Recipient ID 222333444

Service Type Chiropractic

Dates of Service In 07/01/2019-06/30/2020

Service Type	Consideration	Limitation (per State Plan Year unless noted)
Chiropractic	Manual manipulations only	30 treatments
Diabetes Education	Self-management training and follow-up	10 hours initial education during 1st year of diagnosis 2 hours of follow-up education following years
Dietician and Nutritionist	Medical nutrition therapy	5 hours
Independent Mental Health Practitioners (IMHP)	Psychiatric therapeutic sessions	40 total hours
Incontinence Supply	Level of Care based service limit	Recipient level of care E or F = \$2,250.00 All other levels of care or no level of care = \$1,345.00
Urgent Care	Limit is dependent on recipient's PCP/HH enrollment	4 visits
Vision	Frame, Lens, or Contacts	1 set of glasses (frame, 2 lens) or contacts every 15 months

Search

Reset

Print

Inquiry Date	Recipient ID	First Name	Last Name	Service Type	Units Paid	Date
12/10/2019 2:37:27 PM	222333444	ROBBIE	RECIPIENT	Chiropractic	3	N/A

Here the results show that for the plan year of 07/01/2019 to 06/30/2020 the recipient has 3 paid chiropractic visits as of 12/4/2019 (the last payroll date).

DIABETES EDUCATION

Service Limit Inquiry

This is not a guarantee of coverage or eligibility. Please reference the "Eligibility" tab for coverage details. Paid claims data is good as of 12/04/2019 and does not account for claims pending or denied.

"N/A" indicates there is no previous service history.

Recipient ID 555000555

Service Type Diabetes Ed

Dates of Service In Select

Service Type	Consideration	Limitation (per State Plan Year unless noted)
Chiropractic	Manual manipulations only	30 treatments
Diabetes Education	Self-management training and follow-up	10 hours initial education during 1st year of diagnosis 2 hours of follow-up education following years
Dietician and Nutritionist	Medical nutrition therapy	5 hours
Independent Mental Health Practitioners (IMHP)	Psychiatric therapeutic sessions	40 total hours
Incontinence Supply	Level of Care based service limit	Recipient level of care E or F = \$2,250.00 All other levels of care or no level of care = \$1,345.00
Urgent Care	Limit is dependent on recipient's PCP/HH enrollment	4 visits
Vision	Frame, Lens, or Contacts	1 set of glasses (frame, 2 lens) or contacts every 15 months

Search

Reset

Print

Inquiry Date	Recipient ID	First Name	Last Name	Service Type	Units Paid	Date
12/10/2019 3:21:37 PM	555000555	RICHARD	RECIPIENT	Diabetes Ed	2 hrs 30 mins	N/A

Notice that this recipient has received 2 hours and 30 minutes in the last year.

DIETICIAN

Service Limit Inquiry

This is not a guarantee of coverage or eligibility. Please reference the "Eligibility" tab for coverage details. Paid claims data is good as of 12/04/2019 and does not account for claims pending or denied.

"N/A" indicates there is no previous service history.

Recipient ID

222111222

Service Type

Dieticians

Dates of Service In

07/01/2018-06/30/2019

Service Type	Consideration	Limitation (per State Plan Year unless noted)
Chiropractic	Manual manipulations only	30 treatments
Diabetes Education	Self-management training and follow-up	10 hours initial education during 1st year of diagnosis 2 hours of follow-up education following years
Dietician and Nutritionist	Medical nutrition therapy	5 hours
Independent Mental Health Practitioners (IMHP)	Psychiatric therapeutic sessions	40 total hours
Incontinence Supply	Level of Care based service limit	Recipient level of care E or F = \$2,250.00 All other levels of care or no level of care = \$1,345.00
Urgent Care	Limit is dependent on recipient's PCP/HH enrollment	4 visits
Vision	Frame, Lens, or Contacts	1 set of glasses (frame, 2 lens) or contacts every 15 months

Search

Reset

Print

Inquiry Date	Recipient ID	First Name	Last Name	Service Type	Units Paid	Date
12/10/2019 3:37:05 PM	222111222	JOSIE	RECIPIENT	Dieticians	1 hrs 45 mins	N/A

The above example shows that for Dietician service, this recipient has received 1 hour and 45 minutes as of the reference payroll date

INDEPENDENT MENTAL HEALTH PRACTITIONERS (IMHP)

Service Limit Inquiry

This is not a guarantee of coverage or eligibility. Please reference the "Eligibility" tab for coverage details. Paid claims data is good as of 12/04/2019 and does not account for claims pending or denied.

"N/A" indicates there is no previous service history.

Recipient ID

321001234

Service Type

IMHP

Dates of Service In

07/01/2019-06/30/2020

Service Type	Consideration	Limitation (per State Plan Year unless noted)
Chiropractic	Manual manipulations only	30 treatments
Diabetes Education	Self-management training and follow-up	10 hours initial education during 1st year of diagnosis 2 hours of follow-up education following years
Dietician and Nutritionist	Medical nutrition therapy	5 hours
Independent Mental Health Practitioners (IMHP)	Psychiatric therapeutic sessions	40 total hours
Incontinence Supply	Level of Care based service limit	Recipient level of care E or F = \$2,250.00 All other levels of care or no level of care = \$1,345.00
Urgent Care	Limit is dependent on recipient's PCP/HH enrollment	4 visits
Vision	Frame, Lens, or Contacts	1 set of glasses (frame, 2 lens) or contacts every 15 months

Search

Reset

Print

Inquiry Date	Recipient ID	First Name	Last Name	Service Type	Units Paid	Date
12/10/2019 4:16:09 PM	321001234	JOHN	RECIPIENT	IMHP	33 hrs 30 mins	N/A

This IMHP query shows that the recipient has had 33 hours and 30 minutes in Psychiatric Therapeutic Sessions with an Independent Mental Health Practitioner since July 1st, 2019.

INCONTINENCE SUPPLY

Service Limit Inquiry

This is not a guarantee of coverage or eligibility. Please reference the "Eligibility" tab for coverage details. Paid claims data is good as of 12/04/2019 and does not account for claims pending or denied.

N/A indicates there is no previous service history.

Recipient ID

777444111

Service Type

Incontinence Supplies

Dates of Service In

07/01/2019-06/30/2020

Service Type	Consideration	Limitation (per State Plan Year unless noted)
Chiropractic	Manual manipulations only	30 treatments
Diabetes Education	Self-management training and follow-up	10 hours initial education during 1st year of diagnosis 2 hours of follow-up education following years
Dietician and Nutritionist	Medical nutrition therapy	5 hours
Independent Mental Health Practitioners (IMHP)	Psychiatric therapeutic sessions	40 total hours
Incontinence Supply	Level of Care based service limit	Recipient level of care E or F = \$2,250.00 All other levels of care or no level of care = \$1,345.00
Urgent Care	Limit is dependent on recipient's PCP/HH enrollment	4 visits
Vision	Frame, Lens, or Contacts	1 set of glasses (frame, 2 lens) or contacts every 15 months

Search

Reset

Print

Inquiry Date	Recipient ID	First Name	Last Name	Service Type	Units Paid	Date
12/10/2019 4:27:31 PM	777444111	JOHN	RECIPIENT	Incontinence Supplies	\$423.31	N/A

This example shows that South Dakota Medicaid has paid for a total of \$423.31 of Incontinence Supplies in the current state plan year.

URGENT CARE

Service Limit Inquiry

This is not a guarantee of coverage or eligibility. Please reference the "Eligibility" tab for coverage details. Paid claims data is good as of 12/04/2019 and does not account for claims pending or denied.

N/A indicates there is no previous service history.

Recipient ID

888444111

Service Type

Urgent Care

Dates of Service In

07/01/2019-06/30/2020

Service Type	Consideration	Limitation (per State Plan Year unless noted)
Chiropractic	Manual manipulations only	30 treatments
Diabetes Education	Self-management training and follow-up	10 hours initial education during 1st year of diagnosis 2 hours of follow-up education following years
Dietician and Nutritionist	Medical nutrition therapy	5 hours
Independent Mental Health Practitioners (IMHP)	Psychiatric therapeutic sessions	40 total hours
Incontinence Supply	Level of Care based service limit	Recipient level of care E or F = \$2,250.00 All other levels of care or no level of care = \$1,345.00
Urgent Care	Limit is dependent on recipient's PCP/HH enrollment	4 visits
Vision	Frame, Lens, or Contacts	1 set of glasses (frame, 2 lens) or contacts every 15 months

Search

Reset

Print

Inquiry Date	Recipient ID	First Name	Last Name	Service Type	Units Paid	Date
12/10/2019 4:53:14 PM	888444111	TRACY	RECIPIENT	Urgent Care	1	N/A

This query shows that the recipient has received 1 Urgent Care visit. The Urgent Care limitation take into consideration if the recipient is in the Managed Care program during the time of service and if the service was received with a referral.

VISION

Service Limit Inquiry

This is not a guarantee of coverage or eligibility. Please reference the "Eligibility" tab for coverage details. Paid claims data is good as of 12/04/2019 and does not account for claims pending or denied.

N/A indicates there is no previous service history.

Recipient ID

999888777

Service Type

Vision

Dates of Service In

Select

Service Type	Consideration	Limitation (per State Plan Year unless noted)
Chiropractic	Manual manipulations only	30 treatments
Diabetes Education	Self-management training and follow-up	10 hours initial education during 1st year of diagnosis 2 hours of follow-up education following years
Dietician and Nutritionist	Medical nutrition therapy	5 hours
Independent Mental Health Practitioners (IMHP)	Psychiatric therapeutic sessions	40 total hours
Incontinence Supply	Level of Care based service limit	Recipient level of care E or F = \$2,250.00 All other levels of care or no level of care = \$1,345.00
Urgent Care	Limit is dependent on recipient's PCP/HH enrollment	4 visits
Vision	Frame, Lens, or Contacts	1 set of glasses (frame, 2 lens) or contacts every 15 months

Search

Reset

Print

Inquiry Date	Recipient ID	First Name	Last Name	Service Type	Units Paid	Date
12/10/2019 2:16:02 PM	999888777	JANE	RECIPIENT	Vision Lens	N/A	8/16/2019
12/10/2019 2:16:02 PM	999888777	JANE	RECIPIENT	Vision Frame	N/A	11/26/2019

These results show as of 12/04/2019 Jane's last pair of lens were on 8/16/2019 and last frame was on 11/26/2019.

ADDITIONAL NOTES

You can either do a print screen or use the print button to print the results for your records.

QUICK ANSWERS

- Will the incontinence supply search indicate the need for a prior authorization?
 - No, the amounts shown on the Incontinence supply search are a total of paid incontinence supplies paid since the beginning of the fiscal year selected. As a provider user, you can find the level of care the recipient is on with the Eligibility search. Depending on the amount of information on the results page, level of care may be on page 2.